FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K26062

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AA&J HEALTH AND AQUATIC SAFETY, INC.

Principal Place of Business Mailing Address 9625 S.W. 183 STREET 9625 SW 183 ST 7171 SW 13TH ST 7171 SW 13TH ST MIAMI FL 33157 MIAMI FL 33157-5634 US 3a. Date of Last Report US 3. Date Incorporated or Qualified 06/06/1988 05/21/1996 2. Principa Place of Business Applied For 2a. Mailing Address 4. FEI Number 65-0107589 Not Applicable 26 Suite Apr. # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 26 Žφ Ζip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CIURO, ANDREW 9625 S.W. 183 STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157** 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ANDROW CIURO ered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. DELETE 1.1 TITLE Change Addition 31113 CIURO, ANDREW 1.2 NAME R2E034 NAME 9625 SW 183 STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CHTY - ST- Ziel 1.4 CITY-ST-ZIP DELETE Change Addition TILE 2 I TITLE CIURO, ANDREA 22 NAME NAME 9625 SW 183 STREET 23 STREET ADDRESS STREET ADDRESS MIAMI FL 2 4 CITY-ST-ZIP CHY- \$1-Z@ DELETE Change Addition 31 TITLE THE MAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST ZIP DELETE Addition 4.1 TITLE TIBLE 4.2 NAME NAME 4.3 STREET ADDRESS STIFFLE ADDRESS 4.4 CITY-ST-ZIP Off :- \$1 - 749 DELETE 5.1 TITLE ☐ Change ☐ Addition 1611 5.2 NAME NAME STREEL ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CUY - \$1 - 701 DELETE Change Addition 1016 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

64 CITY-ST-2IP

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the